Express Mail Label NO.:EV313923832US CP_2S_OF_ PART B - FEK(S) TRANSING Complete and shorthis form better with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Palents Commissioner Co	E Mail Inh	1 NO .EV31392	ארט פוני 283	23-04	Date of	Deposit: Jul	y 22, 2004		
Complete and Admin form, where with applicable fee(s), to: Mall Moll Stop ISSUE FEE Commissioner for Patents P.O. 800, 1450 Alexandra, Virginia 22313-1450 OF EA Alexandra, Virginia 22	express mail Lat	DEL NOEV31392	PART B	s - FEE(S) TR	ANSMITTAL				
APPLICATION NO. FILING DATE FIRST NAMED DIVISITOR.	CIPE >				Mail Stop ISSUE FEE Commissioner for Patents				
NOTE CUTCHOS TO them bound a specific for resignating the ISSUE FEE and FULL (CATION FEE (if required) Blocks 1 through 4 should be completed when the complete when the completed when the complete when the sample date of complete when the complete whe									
Note: A confidence of making case only be used for dementic making of the Record Institution of Section 1990 1	_	<i>El</i>						_[/_	
Note: A confidence of making case only be used for dementic making of the Record Institution of Section 1990 1	INSTRUCTIONS: VE for appropriate. All further the	orm should be wed for tran	smitting the ISSU Patent, advance or	JE FEE and PUB ders and notificat	LICATION FEE (if recion of maintenance fees	quired). Blocks I through will be mailed to the c	th 4 should be con- current corresponden	iplered where ice address as	
MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPED P.C. ONE FRANCIAL CENTER BOSTON, MA 02111 APPLICATION NO. FILING DATE FRANCIAL CENTER BOSTON DATE FRANCIAL CENTER BOSTON DATE FRANCIAL CENT	indicated unless corrected maintenance fee notification	de PRANCE CECTED otherwise	in Block 1, by (a	i) specifying a nev	v correspondence addre	ss; and/or (b) indicating	a separate "FEE Al	ODRESS" for	
MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. ONE FIRANCIAL CENTER BOSTON, MA 02111 APPLICATION NO. FILING DATE FEST INMEDIBNETION AND MEDICAL USES THEREOF APPLICATION NO. FILING DATE THE STIMMED INVESTOR ATTORNEY DOCKET NO. 09786,03 1109/2001 Tony Peled 01/2529 5534 TITLE OF INVENTION. SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLICATION FOR THE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEED DUE DATE DUE 1651 424-50000 1 Change of correspondence address or indication of "Fee Address" indication for "Fee Address"	CURRENT CORRESPONDEN	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying							
MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. ONE FINANCIAL CENTER BOSTON, MA 02111 APPLICATION NO. FILIND DATE FIRST NAMED RIVER OF A CONTROL OF THE ADDRESS OF TH	30623 7	590 05/03/2004			papers. Each addition	papers. Each additional paper, such as an assignment or formal drawing, must			
AND POPEO, P.C. ONE FINANCIAL CENTER BOSTON, MA 02111 APPLICATION NO FILING DATE FIRST NAMED INVESTOR ATTORNEY DOCKET NO CONFIRMATION NO COMPONENT MAND (Department) Open Opposition of the USPTO, on the date indicated below. APPLICATION NO FILING DATE FIRST NAMED INVESTOR ATTORNEY DOCKET NO CONFIRMATION NO COMPONENT MAND (Department) Open Opposition of the USPTO, on the date indicated below. APPLICATION NO FILING DATE FIRST NAMED INVESTOR ATTORNEY DOCKET NO CONFIRMATION NO TONE PER OPPOSITION SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLICATION SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLICATION SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLICATION FIRST AND SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLICATION FIRST AND SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLICATION FIRST AND SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLICATION FIRST AND SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLICATION FIRST AND SERVICE AND SERVIC			LOVSKY		Certificate of Mailing or Transmission				
BOSTON, MA 02111 Continues to the USF10, on the date indicated below. Copositive among Copositive amo	AND POPEO, P.C	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope							
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTOMATY DOCKET NO. CONFIDENTATION NO.	**· · · · · · · · · · · · · · · · · · ·				addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.				
APPLICATION NO. FILING DATE FIRST NAMED INVESTOR ATTORNEY DOCKET NO. CONTRINATION NO. 09/986,503 11/09/2001 Tony Peled 01/22529 5534 TITLE OF INVENTION SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF 5344 APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$665 5300 \$265 08/03/2004 EXAMINER ART UNIT CLASS-SUBCLASS WITZ, FEAN C 1651 424-53000 TOTAL FEE SCHOOL OF THE PROVING OF TH	2001011,111102	•••				(Depositor's name)			
AFFLICATION NO. FILING DATE FIRST NAMED INVESTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 90986, 503 11/09/2001 Tory Peled 01/2529 5534 TITLE OF INVENTION. SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF AFFLIN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(5) DUE DATE DUE nonprovisional YES \$665 5300 6803/2004 EXAMINER ARTUNIT CLASS-SUFICLASS \$995 LEXAMONER ARTUNIT CLASS-SUFICLASS \$995 O Change of correspondence address or indication of "Fee Address" (3) 2. For priming on the patent front page, list (1) the names of up to 3 registered patent attorneys or agent in fine to 1 single submissed on the face of the names of up to 2 registered patent attorneys or agent in fine to 1 single submissed on the internet required. J. ASSIGNER EAAME AND RESIDENCE PATAT OB BERINTED ON THE PATENT (print or type) LEVEL FOR TE. SUBJECT STATE (SUBJECT STATE OR STATE OR COUNTRY) (A) NAME OF ASSIGNEE HAASIS HE ADDRESS DENOTE DATAT OB BERINTED ON THE PATENT (print or type) (A) NAME OF ASSIGNEE HAASIS HE Addical Research Services and Development Ltd. Please check the appropriate subject enteragery or categories (will not be printed on the patent). Including of casigner data is only appropriate when an assignment has the Tolking of the patent patent attention of assignment and in colly appropriate when an assignment has the Tolking of the patent patent attention of assignment and in colly appropriate when an assignment has the part of the feel of the patent patent attention of assignment and in colly appropriate when an assignment has the patent patent patent attention of assignment and in colly appropriate when an assignment has the patent p						(Signature)			
TITLE OF INVENTION: SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF APPLN TYPE SMALL ENTITY ISSUE FE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$565 \$300 \$					(Date)				
APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE BEXAMINER ART UNIT CLASS-SUBCLASS WITZ, JEAN C 1651 424-530000 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.55). 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.55). 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.55). 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.55). 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.55). 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.55). 1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE Printer of the anness of up to 3 registered pattern attorneys or agents of up a trainistive), (3) the anness of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 3 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 registered pattern attorneys or agents of up to 2 re	APPLICATION NO.	FILING DATE		FIRST NAMED IN	ENTOR	ATTORNEY DOCKET	NO. CONFIRMA	TION NO.	
APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES 3665 \$ 3100 \$ 08/03/2004 EXAMINER ART UNIT CLASS-SUBCLASS \$995 I. Change of correspondence address or indication of "Fee Address" (77 CFR 1.353). O. Change of correspondence address or indication of "Fee Address" (77 CFR 1.354). O. The Address form FTO/SDI/122) attached. O. "Fee Address indication for "Fee Address" indication form PTO/SBI/122) attached. O. "Fee Address indication for "Fee Address" indication form PTO/SBI/122) attached. O. "Fee Address indication for "Fee Address indication form PTO/SBI/122) attached. O. "Fee Address indication for "Fee Address indication form PTO/SBI/122) attached. O. "Fee Address indication for "Fee Address indication form PTO/SBI/122) attached. O. "Fee Address indication for "Fee Address indication form PTO/SBI/122) attached. O. "Fee Address indication for "Fee Address indication form PTO/SBI/122) attached. O. "Fee Address indication for "Fee Address indication form PTO/SBI/122) attached. O. "Fee Address indication for "Fee Address ind	09/986,503	11/09/2001		Tony Pele	i	01/22529	55	34	
EXAMINER EXAMINER EXAMINER EXAMINER ART UNIT CLASS-SUBCLASS 4995 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address (or Change of Correspondence Address from the Change of Correspondence Address (or Change of Correspondence Address from the Change of Correspondence Address for Change of Correspondence Address from the Change of Correspondence	TITLE OF INVENTION: SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL USES THEREOF								
EXAMINER EXAMINER EXAMINER EXAMINER ART UNIT CLASS-SUBCLASS 4995 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address (or Change of Correspondence Address from the Change of Correspondence Address (or Change of Correspondence Address from the Change of Correspondence Address for Change of Correspondence Address from the Change of Correspondence									
EXAMINER EXAMINER EXAMINER EXAMINER ART UNIT CLASS-SUBCLASS 4995 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address or indication of "Fee Address" (37 CPR 1.53). Change of correspondence address (or Change of Correspondence Address from the Change of Correspondence Address (or Change of Correspondence Address from the Change of Correspondence Address for Change of Correspondence Address from the Change of Correspondence						· •	,		
BEAMINER WITZ, JEAN C 1651 424-530000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56.). Change of correspondence address for Change of Correspondence Address from PTOSBH212 statched. O "Fee Address" indication for "Fee Address" Indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" Indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" Indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" Indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" Indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" Indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" Indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" Indication form PTOSBH212 statched. O "Fee Address indication for "Fee Address" Indication for "Fee Address for "Indication for "Fee Address" Indication fee (Figure 1 and "Fee Address" Indication fee (Figure 2 and "Fee Address" Indication fee (Figure 2 and "Fee Address" Indication fee (Figure 2 and Fee Address indication fee (Figure 2	<u> </u>	L		1					
WITZ, JEANC WITZ, JEANC 1651 424-519000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address (or Change of Correspondence Address from FTO/SB/47; Rev 01-02 or enter recent) stacked. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent, inclusion of assignce data is only appropriate when an assignment has been persiously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment has been persiously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT as abstitute for filing an assignment has been persiously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT as abstitute for filing an assignment has been persionally admitted to the USPTO or is being abundant under separate cover. Completion of this form is NOT as abstitute for filing an assignment has been persionally about the order of the USPTO or is being submitted to the propriate assignee category or categories (will not be printed on the patent); Hadasit Medical Research Services and Development Ltd. Please check the appropriate assignee category or categories (will not be printed on the patent); 4s. The following feet(a) are enclosed: 4s. The following feet(a) are enclosed: Gradient Franciscopies (will not be printed on the patent); 4s. Payment by credit card. Form PTO-2038 is attached. STA Discort is bereby authorized by clampare the required fee(s), or credit any overpayment, to Deposit Account Number Gradient Franciscopies (Franciscopies of the United States Fatent and Trademark Office. Director for Patents is required by a grower or agent, or the assignment and proposed proposed payment of the control part of the patient of the patient is required	nonprovisional	nonprovisional YES \$66			\$300	_	08/03/	2004	
1. Change of correspondence address or indication of "Fee Address" (37 CRR 1.56)). 2. The pointing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 2 registered patent attorneys or agents. (1) the names of up to 2 registered patent attorneys or agents. (1) the names of up to 2 registered patent attorneys or agents. (1) the names of up to 2 registered patent attorneys or agents. (1) the names of up to 2 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 2 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agents. (1) the names of up to 3 registered patent attorneys or agent or the names of up to 3 registered patent attorneys or agent or the patents. (2) the names of up to 3 registered patents. (2)	EXAMINER ART UN			IT	CLASS-SUBCLASS \$993				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. O The Address indication (or "Fee Address" Indication form PTO/SB/12) attached. O The Address indication (or "Fee Address" Indication form PTO/SB/147; Rev 01-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate over. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate over. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate over. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate over. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate over. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted to the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). GAdvance Order - # of Copies	WITZ,	JEAN C		424-530000					
Change of correspondence address (or Change of Correspondence Address from PTOSB/12) attacked. Gradess indication (or "Fee Address" indication from PTOSB/47, Rev 613-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assigne is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or its being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be printed on the patent). Please check the appropriate assignee category or categories (will not be patent in categories (will not be appropriate and will not be accepted from anyone of the patent in categories									
Address from PTO/SB/12) attached. O'Fee Address' indication form PTO/SB/13, Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/137, Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate over Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Hadasit Medical Research Services and Development Ltd. Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Classe Fee QPAdvance Order - # of Copies Ten (10) O'Advance Order - # of Copies Ten (10) O'Advance Order - # of Copies O'A Acheck in the amount of the fee(s) is enclosed. QPAdvance Order - # of Copies O'A Countried Signature) (Date) O'Acheck in the amount of the fee(s) is enclosed. QPAD Advance Order - # of Copies Order of the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. No 24024 – 503 CON (Authorized Signature) (Date) This collection of information is required by 37 CFR 1.311. The information is required to other party in decrease a shown by the records of the United States tens and Todanchark files. This collection of information is required by 37 CFR 1.311. The information of officer, U.S. Septon Order of Patents, About Deposit Achecut Number of Copy of the form any one coher hards also tens and any of the process of the assignment on other party in decrease as shown by the records of the United States tens and Todanchark files. This collection of information is required by 37 CFR 1.311. The information of Titles, U.S. Septon Ord	☐ Change of correspond	ematively, (2) the name	e of a single	vsky and P e	∍peo, P .C.				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO. Below the printed on the patent. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); QI individual XD corporation or other private group entity 4a. The following fee(s) are enclosed: QL Advance Order - # of Copies QL Advance Order - # of Copies Ten (10) (B) Payment by credit card, Form PTO-2038 is attached. QL Advance Order - # of Copies Ten (10) (Date) (Date) (Autorized Signature) (Date) (Date) (Date) (Date) (Date) (Autorized Signature) (Date) (Date) (Date) (Date) (Date) (Autorized Signature) (Date) (Date) (Date) (Date) (Autorized Signature) (Date) (Date) (Autorized Signature) (Date) (Date) (Date) (Date) (Date) (Autorized Signature) (Date) (Date) (Date) (Date) (Date) (Autorized Signature) (Date)	Address form PTO/SB/122) attached.						o r R. Elri i	[i, Ph ∙D.	
A. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Hadasit Medical Research Services and Development Ltd. Please check the appropriate assignce category or categories (will not be printed on the patent); Q individual D corporation or other private group entity or individual properties of the fee(s) is enclosed. Please check the appropriate assignce category or categories (will not be printed on the patent); Q individual D corporation or other private group entity or individual properties of the fee(s) is enclosed. Payment of Fee(s): Q fa check in the amount of the fee(s) is enclosed. D Payment by credit card. Form FTO-2038 is attached. The Director is bereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number	PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer					ted, no name 3			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate over. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Hadasit Medical Research Services and Development Ltd. Please check the appropriate assignee category or categories (will not be printed on the patent): At The following fee(s) are enclosed: At The following fee(s) are enclosed: At Check in the amount of the fee(s) is enclosed. At Check in the amount of the fee(s) is enclosed. At Check in the amount of the fee(s) is enclosed. At Check in the amount of the fee(s) of th	Number & required.								
(A) NAME OF ASSIGNEE Hadasit Medical Research Services and Development Ltd. Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 3c Issue Fee 4c Publication Fee 4c Advance Order - # of Copies Ten (10) Carrie Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. No . 24024 - 503 (Authorized Signature) (Date) 1D Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR. 13.1. The information is required by 37 CFR. 13.1. The information is required by 37 CFR. 11.4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.	4 ,								
Hadasit Medical Research Services and Development Ltd. Please check the appropriate assignee category or categories (will not be printed on the patent); QI individual XO corporation or other private group entity									
Please check the appropriate assignee category or categories (will not be printed on the patent); Please check the appropriate assignee category or categories (will not be printed on the patent); Quissue Fee Quissue Fee Advance Order - # of Copies Ten (10) Quissue Fee and Publication Fee (if any) or to re-apply authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number									
4a. The following fee(s) are enclosed: Calculation Fee Calculation Calcul					Jerusalem, Israel				
Republication Fee Republication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. No.24024–503 Republication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Peatent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22131-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patents, Alexandria, Virginia 22131-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	Please check the appropriate	e assignee category or categor	ries (will not be pri	inted on the patent); □ individual 🛣	corporation or other priv	ate group entity C	2 government	
Payment by credit card. Form PTO-2038 is attached. The Director is hereby be posit Account Number be people authorized by charge the required fee(s), or credit any overpayment, to people for patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. No.24024-503 (Authorized Signature) (Date) July 22, 2004 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 US. C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s):				
Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. One of the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Fatent and Trademark Office. One of the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Fatent and Trademark Office. One of the United States Fatent and Trademark Office.									
Deposit Account Number 50 0311 (enclose an extra copy of this form) Atty Docket Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) (Date) July 22, 2004 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Deposit Account	Number	(enclose an è	xtra copy of this for	n)Atty Docket	
NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	Director for Patents is reque	sted to apply the Issue Fee ar	d Publication Fee	(if any) or to re-ap	ply any previously paid	issue fee to the application	on identified above.		
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	(Authorized Signature)		(Date)		1.	•		<u>C</u> UN	
NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	Mouth	to barn	July 22,	2004	07/26/2004	SMINASS2 0000001A	70006277		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in				ne I		77700303		
obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	obtain or retain a benefit by the public which is to file (and by the USPTO to process				03 FC:8001				
Suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	estimated to take 12 minu	is ie							
SEND 10: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	case. Any comments on	the amount of time you re	equire to complet	this form and/	ar or				
SEND 10: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	Patent and Trademark (Office, U.S. Department of SEND FEES OF COMPLETE	of Commerce, A	lexandria, Virgin	ia				
collection of information unless it displays a valid OMB control number.	SEND TO: Commissioner	tor Patents, Alexandria, Virg	inia 22313-1450.						
TRANSMIT THIS FORM WITH FEE(S)	Under the Paperwork Re collection of information u	eduction Act of 1995, no p inless it displays a valid OME	ersons are require control number.	ed to respond to	а				
	·		TRANSI	MIT THIS FORM	WITH FEE(S)	~~~			

Express Mail Label No.: EV313923832US (Deposit: July 22, 2004) Attorney Docket No.: 24024-503 CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PPLICANTS: Peled et al.

EXAMINER: Jean C. Witz SERIAL NUMBER: 09/986,503

FILING DATE: November 9, 2001 **ART UNIT:** 1651

FOR: SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL

USES THEREOF

Mail Stop Issue Fee

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith for filing in the present application are the following documents:

- Response to Notice of Allowance (1 pg);
- Completed Form PTOL-85B (1 pg);
- Check (#19042) in the amount of \$995.00; and
- Return Postcard.

Applicants believe that no additional fees are due in connection with this submission. However, the Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 24024-503 CON. A duplicate copy of this Transmittal Letter is enclosed.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,

Ivor R. Elrifi, Reg. No. 39,529

Attorney for Applicant c/o MINTZ, LEVIN

Tel: (617) 542-6000 Fax: (617) 542-2241

Customer No. 30623

TRA 1941766v1

Dated: July 22, 2004

press Mail Label No.: EV313923832US ite 62 Deposit: July 22, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PLICANTS: Peled et al.

SERIAL NUMBER: 09/986,503

EXAMINER: Jean C. Witz

Attorney Docket No.: 24024-503 CON

FILING DATE: November 9, 2001

ART UNIT: 1651

FOR:

SERUM-DERIVED FACTOR INDUCING CELL DIFFERENTIATION AND MEDICAL

USES THEREOF

Mail Stop Issue Fee

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated May 3, 2004.

A check (#19042 for \$995.00) is enclosed herewith to cover the issue fee (\$665.00), publication fee (\$300.00) and the advanced order of ten (10) copies (\$30.00). A copy of Form PTOL-85B is also enclosed herewith. The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311; Attorney Reference No. 24024-503 CON (Customer Number: 30623).

Respectfully submitted,

Ivor R. Elrifi, Reg. No. 39,529

Attorney for Applicant c/o MINTZ, LEVIN

Tel: (617) 542-6000 Fax: (617) 542-2241

Customer No.: 30623

TRA 1941765v1

Dated: July 22, 2004